CLAIMS AS FILED - PART I (Column 1)	10 821, 298
FOR NUMBER FILED NUMBER EXTRA SMALL ENTITY BASIC FEE (37 CFR 1,16(a))	OR OTHER THAI SMALL ENTITI
TOTAL CLAIMS (37 CFR 1.16(c)) INDEPENDENT OF STATE OF ST	RATE - FE
MULTIPLE DEPENDENT CLAMADE CO. X S DO. X S DO.	OR x s 50=
If the difference in column 1 is less than zero, enter "0" in column 2	OR x 5200 OR + 3600
CLAIMS AS AMENDED - PART II	OR TOTAL
(Column 1) (Column 2). (Column 3) SMALL ENTITY OF COLUMN 1) SMALL ENTITY OF COLUMN 10 SMALL ENTI	SMALL ENTITY RATE ADD TIONAL FEI x s 50 = x s 200 + s 310
(Column 1) (Column 2) (Column 3) (RATE ADDITIONAL TIONAL TIONAL TIONAL FEE (Column 3) (RATE ADDITIONAL TIONAL TIONAL FEE (Column 3) (Column 4)	RATE ADDITIONAL FEE
(Column 1) OR OR	x s 200 + 360 TOTAL ADD'L FEE
REMAINING AFTER NUMBER PREVIOUSLY PAID FOR TIONAL TOTAL Total Officer (16(c)) Independent Minus RATE ADDI. TOTAL TOTAL Officer (16(c)) Independent Office	RATE ADDI- TIONAL FEE
THIS I PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) + 5 180= OR X	300 300 300
"The entry in column 1 is less than the entry in column 2 ADO'L FEE	OTAL DO'L FEE

the Highest Number Previously Paid For IN THIS SPACE is less than 3, enter 3.

The Highest Number Previously Paid For Internation is required by 37 CFR 1.16. The information is required by 37 CFR 1.16. The information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the information on the amount of time you require to complete this form and/or suggestions for reducing this borden, should be sent to the Chief Information Officer. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS